

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116  
County Registrar No. 670  
Local Registrar No. (Pima)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Joaquin Antonio Sanchez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth June 13 1926  
Month Day Year

8. FATHER  
Full name Jos. Sanchez  
9. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Spain  
(State or country)

13. Occupation Barber  
Nature of Industry

14. MOTHER  
Full maiden name Anita Mencho

15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Spain  
(State or country)

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. F. Miller  
(Physician or midwife)  
Address Miami, Ariz.

Given name added from a supplemental report. Month, day, year \_\_\_\_\_ Filed July 3 1926 Local Registrar. \_\_\_\_\_

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

129-613-146